

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

<p>_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent.</p>	<p>No. _____</p> <p>PATERNITY DISESTABLISHMENT SATISFACTION OF JUDGMENT ASSIGNED TO THE IOWA DEPARTMENT OF HUMAN SERVICES</p>
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The State of Iowa, Iowa Department of Human Services, Child Support Recovery Unit, hereby states:

1. The judgment herein has been assigned pursuant to Iowa Code sections 239.3 and/or 234.39.
2. Paternity has been disestablished pursuant to Iowa law under docket number

_____ in _____ County on _____, _____, and
_____ has been relieved of all future support obligations owed on
behalf of the child(ren),
_____.

3. The judgment for the child(ren)

_____, to the extent
assigned to the State of Iowa, Department of Human Services, is now deemed fully satisfied. This
Satisfaction of Judgment pertains only to the State of Iowa, Department of Human Services, as the
assignee of the judgment herein. Specifically, to the extent that the accrued delinquency in this case may
exceed the amount owed to the State of Iowa, the judgment accrues to the benefit of the assignor, not to
the assignee.

STATE OF IOWA

DEPARTMENT OF HUMAN SERVICES

By: _____

Child Support Recovery Unit

SATISFACTION OF JUDGMENT ASSIGNED TO THE IOWA DEPARTMENT OF HUMAN SERVICES (PAGE 2)

STATE OF IOWA, COUNTY OF _____)ss.

On this _____ day of _____, _____, before me, the undersigned a Notary Public in and for the State of Iowa, personally appeared _____, to me known to be the identical person named in and who executed the foregoing instrument on behalf of the State of Iowa, Department of Human Services, and acknowledged that he/she voluntarily executed the same according to the authority of his/her office, and as the voluntary act and deed of said Department.

NOTARY PUBLIC IN AND FOR THE STATE OF IOWA

ACKNOWLEDGMENT OF OBLIGEE/ASSIGNOR

I, _____ acknowledge that I am the obligee/assignor of the judgment(s) referenced in this document. I acknowledge that I have no right to the support that was assigned and owed the State of Iowa, Department of Human Services. I waive notice of hearing on a subsequent order approving the State's Satisfaction. I acknowledge that if I do not sign this document that CSRU is not prevented from satisfying amounts due the Department. I further state that this document does NOT satisfy any judgment due me in excess of the judgment which is owed to the State of Iowa, Department of Human Services.

Obligee/Assignor

Date Signed